

State and Local Preparedness – Progress in Achieving Critical Benchmarks

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1. Designate an Executive Director

- 50/50 states have hired a senior executive director
- Most report to the state or city health official
- Many chair their bioterrorism advisory committee
- Partnerships formed between these individuals and state and local emergency management and homeland security directors





2. Advisory Committee

- 49/50 states have established an advisory committee
- Most states combined their CDC advisory committee with their hospital preparedness advisory committee
- Committee directs strategic planning for the projects and consist of a wide range of stakeholder groups





3. Assessment of Emergency Preparedness and Response Capabilities - timeline

- 50/50 states submitted their timeline
- 29/50 states completed their assessments
- 21 states completed only a portion of this assessment





- 4. Assessment of statutes and ordinances that provide for credentialing. Licensure, and delegation of authority for executing emergency public health measures timeline
- 50/50 states submitted their timeline
- 41/50 states completed this assessment





5. Development of a state-wide response plan - timeline

- **50/50** states submitted their timeline
- 25/50 states completed their state-wide response plan





5. Development of a state-wide response plan - timeline

- 50/50 states submitted their timeline
- 25/50 states completed their state-wide response plan

January 2004

- 90% of states have response plans for anthrax (78% exercised)
- 100% for smallpox (86% exercised)
- 90% for plague (76% exercised)
- 85% for botulinum toxin (46% exercised)
- 92% for RDD/Nuclear events (91% exercised)
- 75% for Nerve Agents (70% exercised)





6. Development of a regional response plan - timeline

- 49/50 states submitted their timeline
- 25/50 states completed their state-wide response plan





6. Development of a regional response plan - timeline

- 49/50 states submitted their timeline
- 25/50 states completed their state-wide response plan

January 2004

85% of states signed mutual aid agreements to facilitate regional response for bio/chem/rad/nuc



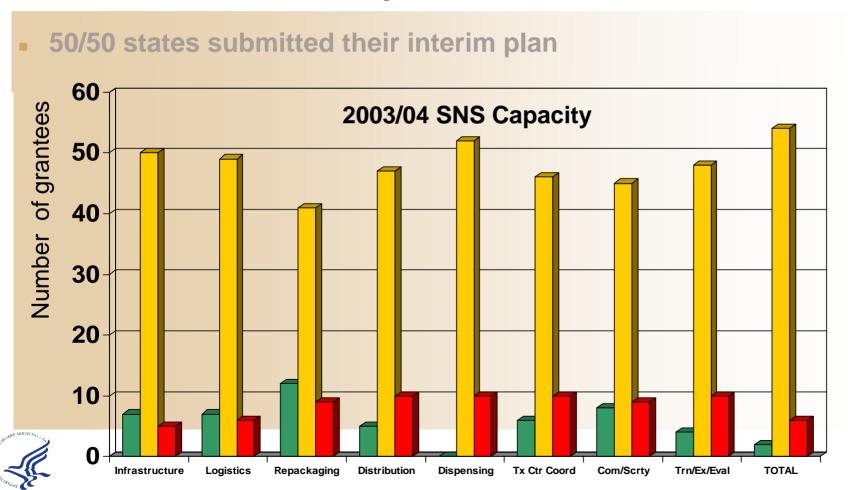


- 7. Development of an interim plan to receive and manage the contents of the National Pharmaceutical Stockpile
- 50/50 states submitted their interim plan





7. Development of an interim plan to receive and manage the contents of the National Pharmaceutical Stockpile





- 8. Develop a system to receive and evaluate urgent disease reports on a 24/7 basis timeline
- 50/50 states submitted their timeline
- 32/50 states completed development of their 24/7 system





8. Develop a system to receive and evaluate urgent disease reports on a 24/7 basis - timeline

- 50/50 states submitted their timeline
- 32/50 states completed development of their 24/7 system

January 2004

- 49/50 states have protocols to activate their 24/7 response system
- 36/50 states have tested their systems within the past three months





- 9. Assess current epidemiologic capacity and achieve the goal of one epidemiologist for each MSA not applicable in 14 states
- 34/36 states (where applicable) have hired an epidemiologist for each MSA





10. Ensure effective working relationships between clinical laboratories and higher level laboratories - timeline

- 50/50 states submitted their timeline
- 49/50 states developed these plans based on the timeline





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January 2004

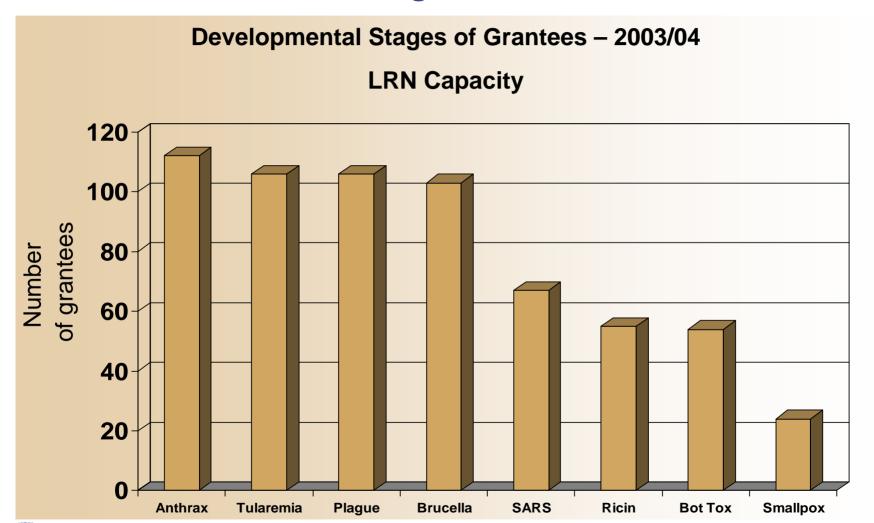
 50/50 states routinely disseminate information to clinical laboratories





Detection – Extramural Efforts

State and Local Grant Program

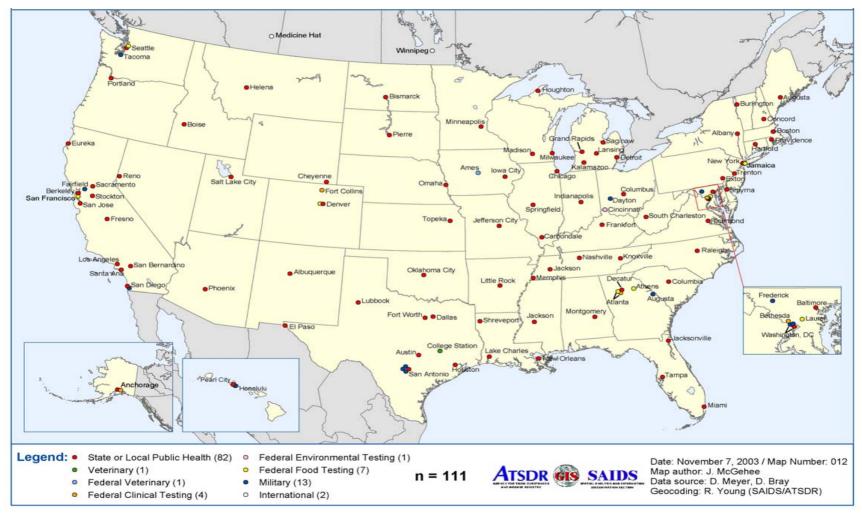






Detection – Extramural Efforts

Laboratory Response Network







11. Assure 90% of population is covered by the Health Alert Network - timeline

- 50/50 states submitted their timeline
- 44/50 states have at least 90% of their population covered by the Health Alert Network





11. Assure 90% of population is covered by the Health Alert Network - timeline

- 50/50 states submitted their timeline
- 44/50 states have at least 90% of their population covered by the Health Alert Network

January 2004

- Number of states that can disseminate information to:
 - 47/49 Academia
 - 42/50 Employers
 - 50/50 Clinicians
 - 43/50 Medical Examiners
 - 49/50 Hospitals
 - 47/50 Schools





- 12. Develop a communications systems that provides 24/7 flow of critical health information among hospital emergency departments, state, and local health officials, and law enforcement timeline
- 50/50 states submitted their timeline
- 42/50 states can send and receive information among hospital emergency departments, state and local officials and law enforcement officials





- 12. Develop a communications systems that provides 24/7 flow of critical health information among hospital emergency departments, state, and local health officials, and law enforcement timeline
- 50/50 states submitted their timeline
- 42/50 states can send and receive information among hospital emergency departments, state and local officials and law enforcement officials

January 2004

50/50 states developed 24/7 connectivity with key response stakeholders





13. Develop an interim plan for risk communication and information dissemination

- 50/50 states submitted interim plan
- 25/50 states completed their risk communication plan





- 14. Assess training needs emphasis on emergency department personnel, infectious disease specialists, public health staff, and other healthcare workers timeline
- 48/50 states submitted their timeline
- 17/50 states completed their training needs assessment





14. Assess training needs – emphasis on emergency department personnel, infectious disease specialists, public health staff, and other healthcare workers - timeline

- 48/50 states submitted their timeline
- 17/50 states completed their training needs assessment

January 2004

- 49/50 states provided medical doctors and other front-line clinicians and nurses with diagnostic information for anthrax, smallpox, plague
- 38/50 states provided front-line clinicians with diagnostic information for chemical, radiological, nuclear





Full Development of the Performance Indicators that focus on:

- Rapid detection and reporting to allow for early intervention
- State and regional plans that are scenario-specific (CBRN) that are developed to take into account a variety of scalable events (100 - >1,000 casualties) that will challenge/stress the response system
- Public health workforce (improve the quality and quantity)
 - Education and training efforts
 - Partnering with the Centers for Public Health Preparedness
- Stronger ties with HRSA and DHS (HSPD 8)

Most states have developed response capacities for containing events which could create less than 500-1,000 casualties... capacity is scaling up!





Discussion

